



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
77 WEST JACKSON BOULEVARD  
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

May 10, 1996

IOWA INTERSTATE RAILROAD  
ATTN: TED BILLINGSLEY  
P.O. BOX 5016  
ROCK ISLAND, IL 61204-5016

RE: US EPA ID Number ILR 000 017 921  
Location: 3033 5TH AVE  
ROCK ISLAND, IL 61204-5016

In response to your correspondence of 02/21/96, the following  
information has been updated:

Mailing Address Changed to:	P.O. BOX 5016
Legal Owner's Address:	2920 INDUSTRIAL PARK RD
	IOWA CITY, IA 52240
Legal Owner's Phone Number:	(319) 339-9500
Addition of Waste Codes(s):	D001

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon Kiddon  
RCRA Notifications Coordinator  
Waste Management Division

cc: State Agency  
File

RECEIVED  
WMD RECORD CENTER

JUN 27 1996



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
RCRA ACTIVITIES  
P.O. BOX A3587  
CHICAGO, ILLINOIS 60690

RECEIVED

MAR 28 1996

U. S. EPA, REGION V  
SWB — PMS

MAR 15 1996

Dear Notifier:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

*Sharon J. Kiddon*

Sharon J. Kiddon  
RCRA Notifications Coordinator  
Waste Management Division



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
RCRA ACTIVITIES  
P.O. BOX A3587  
CHICAGO, ILLINOIS 60690

MAR 12 1996

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If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

A handwritten signature in cursive script, reading "Sharon J. Kiddon", is written above the typed name.

Sharon J. Kiddon  
RCRA Notifications Coordinator  
Waste Management Division



Please refer to the instructions for filling out this form. The information requested here is required by law (Section 3016 of the Resource Conservation and Recovery Act).



# EPA Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED

MAR 18 1990

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification (complete form G-900)

C. Installation's EPA ID Number

ILR0000017921

II. Name of Installation (Include company and specific site name)

Iowa Interstate Railroad

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3033 5th Ave

Street (continued)

City or Town

Rock Island

State

ZIP Code

IL 61204-

County Code

County Name

161 Rock Island

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

P.O. Box 5016

City or Town

Rock Island

State

ZIP Code

IL 61204-5016

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

Billingsley

(first)

led

Job Title

Mech Supervisor

Phone Number (area code and number)

309-786-2020

VI. Installation Contact Address (See instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

City or Town

Rock Island

State

ZIP Code

IL 61204-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

Iowa Interstate

Street, P.O. Box, or Route Number

Same

City or Town

Rock Island

State

ZIP Code

IL 61204-

Phone Number (area code and number)

- - -

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

X

(Date Changed) Month Day Year

- - -



FROM: [REDACTED] DATE: 10-10-68 BY: [REDACTED]  
TO: [REDACTED] FROM: [REDACTED]

- 2 -



Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)OFFICE OF RCRA  
MANAGEMENT DIVISION

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

ILR0000017921

## II. Name of Installation (Include company and specific site name)

IOWA INTERSTATE RAILROAD

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3033 S + AVE

Street (Continued)

City or Town

ROCK ISLAND

State

Zip Code

IL 61204-5016

County Code

County Name

161 ROCK ISLAND

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P.O. BOX 5016

City or Town

ROCK ISLAND

State

Zip Code

IL 61204-5016

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

BILLINGSLEY

(First)

TED

Job Title

MECH SUPERVISOR

Phone Number (Area Code and Number)

309-786-2020

## VI. Installation Contact Address (See Instructions)

A. Contract Address  
Location Mailing Other

B. Street or P.O. Box

PO BOX 5016

City or Town

ROCK ISLAND

State

Zip Code

IL 61204-5016

## VII. Ownership (See Instructions)

## A. Name of Installation's Legal Owner

IOWA INTERSTATE RR

Street, P.O. Box, or Route Number

2920 INDUSTRIAL PK RD

City or Town

IOWA CITY

State

Zip Code

IA 52240-

Phone Number (Area Code and Number)

319-339-9500

B. Land Type

C. Owner Type

D. Change of Owner Indicator

Yes ☐ No ☒

(Date Changed)

Month Day Year



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
1. Generator (See Instructions)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.	1. Used Oil Fuel Marketer
<input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)	<input type="checkbox"/> 4. Hazardous Waste Fuel	<input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
<input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> b. Other Marketers	2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> c. Boiler and/or Industrial Furnace	<input type="checkbox"/> a. Utility Boiler
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> 1. Smelter Deferral	<input type="checkbox"/> b. Industrial Boiler
<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> 2. Small Quantity Exemption	<input type="checkbox"/> c. Industrial Furnace
Mode of Transportation	Indicate Type of Combustion Device(s)	3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 1. Utility Boiler	<input type="checkbox"/> a. Transporter
<input type="checkbox"/> 2. Rail	<input type="checkbox"/> 2. Industrial Boiler	<input type="checkbox"/> b. Transfer Facility
<input type="checkbox"/> 3. Highway	<input type="checkbox"/> 3. Industrial Furnace	4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
<input type="checkbox"/> 4. Water	<input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> a. Process
<input type="checkbox"/> 5. Other - specify _____		<input type="checkbox"/> b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of listed hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic container(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an LD number; See Instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

Ted Billingsley

TED BILLINGSLEY MECH. SUPERVISOR

2-21-96

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the instructions for filling this form. The information requested here is required by law (Section 3070 of the Resource Conservation and Recovery Act).



# EPA

## Regulated Waste Activity

United States Environmental Protection Agency

### I. Installation's EPA ID Number (Mark X in the appropriate box)

<input checked="" type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent Notification (complete item C)	C. Installation's EPA ID Number 12R0000017921
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### II. Name of Installation (Include company and specific site name)

Iowa Interstate Railroad

### III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3033 5th Ave

Street (continued)

City or Town

Rock Island

State

IL

ZIP Code

61204

County Code

161

County Name

Rock Island



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2000-0700 Expires 12/31/97  
EPA No. 8700-12-01

ID - For Official Use Only																									
<b>VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)</b>																									
<b>A. Hazardous Waste Activity</b> 1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____ <input type="checkbox"/> 3. Trailer, Sewer, Disposal (at Installation) Note: A permit is required for this activity. See Instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel a. Generator Marking to Burner b. Other Markers c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<b>B. Used Oil Fuel Activities</b> 1. Oil-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marking to Burner <input type="checkbox"/> b. Other Markers <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Markers for On-site Burner Who First Claims the Oil Meets the Specification																								
<b>IX. Description of Regulated Wastes (Use additional sheets if necessary)</b>																									
<b>A. Characteristics of Manifested Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of manifested hazardous wastes your installation handled. (See 40 CFR Parts 261.20 - 261.24)</b> 1. Ignitable (D001) <input type="checkbox"/> 2. Corrosive (D002) <input type="checkbox"/> 3. Reactive (D003) <input type="checkbox"/> 4. Toxicity Characteristic (D000) <input checked="" type="checkbox"/> (List specific EPA hazardous waste number(s) for the Toxicity Characteristic characteristic(s)) D008 D011 8																									
<b>B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See Instructions if you need to list more than 12 waste codes.)</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 16.6%;">1</td> <td style="width: 16.6%;">2</td> <td style="width: 16.6%;">3</td> <td style="width: 16.6%;">4</td> <td style="width: 16.6%;">5</td> <td style="width: 16.6%;">6</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		1	2	3	4	5	6							7	8	9	10	11	12						
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<b>X. Certification</b> <p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Signature <i>Ted Rilling</i></td> <td style="width: 33%;">Name and Official Title (type or print) TED RILLING, MGR</td> <td style="width: 33%;">Date Signed 2-21-95</td> </tr> </table>		Signature <i>Ted Rilling</i>	Name and Official Title (type or print) TED RILLING, MGR	Date Signed 2-21-95																					
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